San Bernardino County
In-Home Supportive Services
Public Authority

600 North Arrowhead, Suite 100
San Bernardino, CA 92415-0034
Business (909) 386-5014 • TTY: (909)386-5080
Toll Free: (866) 985-6322 • Fax: (909) 386-3071

Date: _____ **Provider Request Form**

I, _____ here by authorize San Bernardino County IHSS-Public Authority to release my income history. **X**_____

Signature **(Required)**

Social Security Number __ __ __-__ __ -__ __ __ __ **(Required)**

Phone Number ( ) __ __ __-__ __ __ __ **(Required)**

Address: _____(optional)

Write an "X" for your selection: (Required)

_____ Income for periods: _____ thru_____

_____ Proof of termination

_____ Start date(s)

_____ End date(s)

_____ Other: Please Specify: _____

Return my completed request form to: Check the appropriate box **(Required)**

☐ Will pick-up in the office of:_____ (city the PA office is located)

☐ Fax ( ) __ __ __-__ __ __ __ ATT: _____

☐ Mail: Business Name : _____

Address:_____

Phone: ( )__ __ __- __ __ __ __

Completed By: _____ Date:_____

☐ Checked CA ID
Initial: _____